

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2309374
Decision Date:	01/25/2024	Hearing Date:	11/10/2023
Hearing Officer:	Emily Sabo	Record Open to:	12/15/2023

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Sheldon Sullaway, DentaQuest



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Dental Services; Prior Authorization; Procedure D5211; Maxillary Partial Denture; Maximum Benefit Allowance
Decision Date:	01/25/2024	Hearing Date:	11/10/2023
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (Telephone)	Aid Pending:	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated August 29, 2023, MassHealth denied the Appellant's prior authorization request for a maxillary partial denture for the upper arch (procedure D5211). 130 CMR 420.428 and Exhibits 1 and 5. The Appellant filed this appeal in a timely manner on October 6, 2023. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the Appellant's request for a maxillary partial denture for the upper arch (procedure D5211) because she exceeded the benefit limitation.

Issue

The appeal issue is whether MassHealth was correct in denying the Appellant's request for procedure D5211 due to having exceeded the MassHealth benefit limitation, under 130 CMR

420.428(F)(5).

Summary of Evidence

The MassHealth representative, a Massachusetts licensed dentist and consultant for DentaQuest, appeared at the hearing by telephone. DentaQuest is the third-party contractor that administers and manages MassHealth's dental program. Through testimony and documentary submissions, the MassHealth representative presented the following evidence: Appellant is a MassHealth CommonHealth member between the ages of 21-64. On August 29, 2023, MassHealth received a prior authorization request from the Appellant's dental provider seeking approval for coverage of a maxillary partial denture (upper arch) under procedure code D5211. Exhibit 5 at 3. On August 29, 2023, MassHealth denied prior authorization approval for a maxillary partial denture (upper arch) under procedure code D5211 because of benefit limitations as the service is allowed once per 84 months. Exhibit 5 at 3.

The MassHealth representative testified that MassHealth previously approved Appellant for the requested treatment and paid for the completed service on October 17, 2017. Under 130 CMR 420.428(F)(5), MassHealth will only replace a member's dentures once every 84 months, or 7 years. The MassHealth representative explained that because the Appellant received coverage for a maxillary partial denture within 7 years, she is ineligible for a replacement at this time. The MassHealth representative testified that he did not see any exception that would apply, and that the Appellant's provider did not include a narrative or x-rays.

The Appellant appeared at the hearing by telephone and verified her identity. The Appellant testified that she had received a partial plate and thought that it did not fit properly. The Appellant also testified that she has very small teeth, and that her dentist had recommended that she get a crown. The Appellant testified that her crown fell out multiple times, and that she eventually swallowed the crown. The Appellant testified that she is distressed that she is missing a front tooth, and she just wants a tooth that stays in. The Appellant testified that she is seeking a partial denture as a last resort.

On November 20, 2023, the Hearing Officer re-opened the record to allow the Appellant to submit evidence from her dentist or medical provider that an exception under 130 CMR 420.428(F)(5) would apply. The Appellant had until December 4, 2023, to submit additional evidence, and MassHealth had until December 15, 2023, to review and respond. On November 29, 2023, the Appellant submitted the following note: "The partial fell on a ceramic tile floor and broke in half. I tried to super glue it, but was unsuccessful, so I threw it out." Exhibit 6 at 2.

Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. The Appellant is an adult between the ages of 21-64 and is a MassHealth CommonHealth member (Exhibit 4).
2. On August 29, 2023, the Appellant's dental provider submitted a request for prior authorization for procedure D5211 (Testimony; Exhibits 1 & 5).
3. On August 29, 2023, MassHealth denied the Appellant's request for prior authorization for procedure D5211 (Testimony; Exhibits 1 & 5).
4. MassHealth paid for the Appellant to receive procedure D5211 on October 17, 2017 (Testimony).
5. According to the Appellant, "The partial fell on a ceramic tile floor and broke in half. I tried to super glue it, but was unsuccessful, so I threw it out" (Exhibit 6).

Analysis and Conclusions of Law

MassHealth pays for dental services that are medically necessary. 130 CMR 420.421(A). Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment, 130 CMR 420.000 et seq, and the MassHealth Dental Manual.¹ A service is medically necessary if:

- (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
- (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency.

130 CMR 450.204(A).

MassHealth dental regulations governing coverage of removable prosthodontics states, in relevant part, the following:

(A) General Conditions. ***The MassHealth agency pays for dentures services once***

¹ The Dental Manual is available on MassHealth's website, in the MassHealth Provider Library. Available at <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>.

*per seven calendar years per member...MassHealth payment includes all services associated with the fabrication and delivery process, including all adjustments necessary in the six months following insertion. **The member is responsible for all denture care and maintenance following insertion...***

...

(F) Replacement of Dentures. ***The MassHealth agency pays for the necessary replacement of dentures. The member is responsible for denture care and maintenance. The member, or persons responsible for the member's custodial care, must take all possible steps to prevent the loss of the member's dentures. The provider must inform the member of the MassHealth agency's policy on replacing dentures and the member's responsibility for denture care. The MassHealth agency does not pay for the replacement of dentures if the member's denture history reveals any of the following:***

- (1) repair or reline will make the existing denture usable;
- (2) any of the dentures made previously have been unsatisfactory due to physiological causes that cannot be remedied;
- (3) a clinical evaluation suggests that the member will not adapt satisfactorily to the new denture;
- (4) no medical or surgical condition in the member necessitates a change in the denture or a requirement for a new denture;
- (5) the existing denture is less than seven years old and no other condition in this list applies;**
- (6) the denture has been relined within the previous two years, unless the existing denture is at least seven years old;
- (7) there has been marked physiological change in the member's oral cavity, any further reline has a poor prognosis for success; or
- (8) the loss of the denture was not due to extraordinary circumstances such as a fire in the home.

130 CMR 420.428 (emphases added).

The MassHealth representative testified that MassHealth paid for the Appellant to receive procedure D5211 on October 17, 2017. Based on the benefit limitations quoted above, in 130 CMR 420.428, the Appellant is not eligible to receive procedure D5211 until after 84 months have passed, or October 17, 2024. The regulation also states that the "member is responsible for denture care and maintenance. The member . . . must take all possible steps to prevent the loss of the member's dentures." I am sorry for the Appellant's distress and discomfort regarding her teeth. However, the Appellant has not provided evidence that an exception to the benefit limitation of 130 CMR 420.428 applies. Therefore, MassHealth did not err in denying the Appellant's August 29, 2023, prior authorization request for procedure D5211. Accordingly, the appeal is denied.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Emily T. Sabo, Esq.
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA